

Form No. 1

(1) PLACE OF BIRTH

County of GeorgetownTownship of P. L. H.

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Solamelle Corbett(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in case of Twins or Triplets(6) Are Parents Married? yes(7) DATE OF BIRTH June 19 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William K. Cribb(9) PRESENT POSTOFFICE OF FATHER Barbers Bay S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Georgetown S.C.(13) OCCUPATION Bay Farm Laborer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Loretta B. Powers(15) PRESENT POSTOFFICE OF MOTHER Barbers Bay S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Georgetown S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 11:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. J. Powers

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeOutland S.C.

Given name added from a supplemental report

1916

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 25 1916 (28) J. L. McCraen Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WHITE PLAINLY, WITH READING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 3.
McGraw-Hill of Columbia

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

64418

Registration District No. 2104 Registered No. 39

(For use of Local Registrar)

St.; Ward)

If child is not yet named, make supplemental report as directed